

# South Dakota Tobacco Control Program Annual Report Fiscal Year 2004

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Tobacco use remains the greatest cause of preventable death in South Dakota with more than 1,725 South Dakotans dying from a tobacco-related disease each year. In South Dakota, the Department of Health (DOH) is the lead agency for the statewide management of tobacco use prevention and cessation efforts.

In March 2004, the DOH appointed a Tobacco Prevention Advisory Committee to provide input to the Tobacco Control Program on such issues as strategic planning, review of response to Requests for Proposals (RFPs) as well as to provide technical support and expertise on a variety of projects undertaken by the Tobacco Control Program. The members of the Advisory Committee include:

- Dr. Lois Crawford, Sisseton PHS Hospital
- Jeanette Grady, President, South Dakota Dental Hygienist's Association
- Clark Likness, MD, Director of Brown Clinic, Watertown
- Larry Luitjens, Principal, Custer High School
- Jennifer Stalley, American Cancer Society
- Kathleen Sweere, American Lung Association of South Dakota
- Debra Walker, Director of Counseling, Northern State University

With the assistance and input of the Advisory Committee, the DOH updated the Tobacco Control Program Strategic Plan in April 2004. This strategic plan is designed to achieve three goals:

- Prevent young people from starting to use tobacco products and reduce their access to tobacco products.
- Persuade and help smokers to stop smoking.
- Protect nonsmokers by reducing their exposure to second-hand tobacco smoke.

The Tobacco Control Program is involved in a variety of activities that are designed to achieve these goals – all of which are based on the Centers for Disease Control and Prevention's (CDC) *Best Practices for Comprehensive Tobacco Control Program*. The nine components of comprehensive tobacco control are: (1) community programming; (2) linkage to chronic disease programs; (3) school programming; (4) linkage to enforcement of tobacco control policies; (5) statewide programming; (6) counter-marketing; (7) cessation programming; (8) surveillance and evaluation; and (9) administration and management. The following summarizes program efforts in each of the nine component areas.

## ❖ **Community Programming**

Local programs are an effective part of comprehensive prevention efforts by involving young people, parents, community/business leaders, health care providers, school personnel, and others interested in tobacco prevention and control efforts. In FY04, the DOH awarded 21 communities up to \$20,000 each to support tobacco prevention efforts. These awards were made through an RFP process and were based on the population being served, activities proposed, and available funding. Community-based coalitions funded included: Aberdeen, Chamberlain, Clark, Garretson, Hamlin County, Hurley, Mitchell, New Underwood, Parkston, Rapid City, Roslyn/Webster, Sioux Falls (O'Gorman School), Sioux Falls (Bowden Youth Center), Sioux Empire Set Free Coalition, Spearfish, Sturgis, Wagner, Watertown, Waubay, Yankton (Benedictine Health Foundation), and Yankton (Avera Sacred Heart).

Over the past year, examples of tobacco prevention efforts conducted at the local level include:

- Provided education about the dangers of tobacco use.
- Increased awareness of cessation services for the general public, health care providers, schools, and other specific populations within the communities.
- Promoted tobacco-free lifestyles and events to help young people be involved in activities without having to be exposed to secondhand smoke or negative role modeling, and to help them realize that the majority of people do not use tobacco.
- Encouraged implementation of policies to protect non-smokers from second hand smoke.
- Promoted cessation services available.
- Provided culturally-sensitive tobacco prevention education and messaging about the dangers of tobacco use.
- Promoted tobacco prevention curricula to schools around the state in collaboration with other agencies such as the Department of Education and prevention resource centers and provided resources to schools interested in using.
- Provided training to more than 270 individuals and 30 different communities using the American Lung Association's Teens Against Tobacco Use (TATU) program which educates teens about the dangers of tobacco use and encourages them to work with elementary age children to have a tobacco-free lifestyle while providing positive role models for the younger children.
- Assisted businesses and facilities with smoke- and tobacco-free policies to post signage and provide employees with referrals to cessation programs
- Provided educational materials and resources to communities, schools, other agencies and individuals interested in tobacco prevention

#### ❖ **Linkage to Chronic Disease Program**

Addressing tobacco prevention in conjunction with chronic disease programs ensures wider dissemination of information. This linkage also leads to a broader range of methods to increase prevention and cessation efforts, especially for those with diseases that put them at increased risk of morbidity and mortality.

The Tobacco Control Program has worked closely with the Diabetes Control Program, Breast and Cervical Cancer Control Program and the Cardiovascular Disease Program to promote cessation, educate others on the dangers of tobacco use, and raise awareness about the harmful effects of second hand smoke. Examples of efforts include:

- Provided information about the South Dakota Quit Line with the education materials of the other chronic disease programs.
- Revised protocols for healthcare providers to include information about cessation and referral.
- Shared pertinent data and tobacco-related resources and materials with appropriate chronic disease programs.

#### ❖ **School Programming**

Most people who start smoking are younger than age 19. Several studies have shown that school-based tobacco prevention programs can reduce or delay smoking. The impact of these programs can be increased with other efforts such as counter-marketing and community prevention efforts. Tobacco Control Program staff collaborate with other agencies such as the

Department of Education, prevention resource centers, and local coalitions to encourage schools to implement evidence-based, tobacco prevention curricula.

As in the past, the Tobacco Control Program continued to promote a prevention education infusion model which allows effective prevention curriculum lessons to be spread across various subject areas. The lessons are correlated by curriculum directors from around the state to the state content standards of several subject areas. So, while meeting expected standards, teachers can also reinforce tobacco prevention education in several areas rather than just a single class such as health. This enables the school to take on prevention education without undue burden on staff or compromising efforts to meet testing standards.

In addition to promoting prevention curricula aligned to state standards, the Tobacco Control Program offered resources to schools interested in implementing effective prevention curricula and programs such as teacher and student training, purchasing effective curricula and support materials, and supporting workshops where teachers can determine how to replace or adapt existing lessons using appropriate prevention lessons.

#### ❖ **Linkage to Enforcement of Tobacco Control Policies**

Enforcing tobacco control policies sends a message to the public that such policies are important. This can be an important part of changing the social norm associated with tobacco use.

The Tobacco Control Program works to support entities with tobacco-free policies as a means of reducing the negative role modeling to children and protecting non-smokers from secondhand smoke. Support includes referral materials for cessation services, educational materials about the dangers of tobacco use, signage about existing policies and state law, and sample policies for organizations interested in voluntary smoke-free policies.

In addition, the Tobacco Control Program provided support to the Department of Human Services to conduct sales to minors inspections as required by their federal programming.

#### ❖ **Statewide Programming**

Statewide programming increases the effectiveness of local efforts, enhances the skills and resources of local prevention volunteers and makes valuable use of resources that would otherwise be difficult for individual communities to attain. Examples of statewide programming conducted by the program include:

- Sponsored a tobacco prevention conference to provide education and resources to over 250 people working in communities around the state. This conference brought in educators from around the region and the nation to provide information to prevention coalition members and state staff.
- Provided education to personnel from 15 colleges and universities in South Dakota regarding how to address tobacco use by 18 -24 year olds and provided tobacco cessation resources to assist in their efforts.
- Supported a "Tribal Tobacco Policy Workshop" at the Lakota Nations Conference as well as to individual tribal communities. Community members from Cheyenne River, Eagle Butte, Kyle, Lower Brule, Rapid City, Rosebud, Pine Ridge, Sisseton, and Wanblee attended these workshops.
- Partnered with the American Lung Association of South Dakota to provide a workshop for members of seven Native American communities that enabled participants to become

facilitators for two tobacco cessation programs – *Freedom From Smoking* (for adults), and *Not on Tobacco* (for teens).

- Encouraged health care providers to adopt procedures proven to increase the number of quit attempts by tobacco-using patients. The Tobacco Control Program collaborated with a wide variety of organizations to reach more than 175 clinics and 500 health care providers.

#### ❖ **Counter-Marketing**

Counter-marketing is intended to counter pro-tobacco influences. It has been documented that intense, sustained tobacco control media can produce significant declines in smoking by both youth and adults. It has also been shown that children are three times more affected by advertising than adults.

The Department of Health has sponsored a variety of media campaigns to counter pro-tobacco influences. These include:

- Spit Tobacco Use Prevention (September - October 2003) – Prevention and cessation ads developed and previously employed by other states were used on TV, radio, billboards, and in newspapers.
- Spit Tobacco Use Prevention/Secondhand Smoke (January - March 2004) – Spit tobacco prevention media was used again for part of this campaign. The secondhand smoke media also consisted of educational media used successfully by other states on TV and radio. Most of the TV spots targeted smoking parents and spouses who may not realize the harm secondhand smoke has on a nonsmoker's health. One TV spot used MTV style editing to attract teens' attention to the deadly ingredients found in secondhand smoke.
- Pregnant Women Smoking Prevention (June - August 2004) – Successful cessation ads utilized in other states were used for this population. TV and radio outlets were used to target women who continue to smoke while pregnant. The ads explained the numerous health effects smoking can have on a baby if a mother smokes during pregnancy and encourages them to quit. All ads ended with a call for action to call the American Legacy Foundation's Great Start Quit Line number that specializes in helping pregnant women quit smoking.

In addition to running statewide counter-marketing, the Tobacco Control Program supported local tobacco prevention coalition counter-marketing efforts by providing information to help them: (1) understand the concepts of counter-marketing, (2) execute effective local counter-marketing efforts, and (3) educate the public about the dangers of tobacco use. The following are examples supportive of local efforts:

- Assisted coalitions obtain professionally designed counter-marketing materials. This maximizes the effectiveness of counter-marketing efforts and saves the time and effort involved in developing and market testing new ads. Coalitions using them are then able to work on other aspects of tobacco prevention at the local level, which in turn adds to the impact of both counter-marketing and other prevention efforts. Television, radio, print, and outdoor counter-marketing materials from South Dakota and other states are available to local coalitions.
- Provided information and links on the program website so coalition members can access facts related to tobacco as well as other prevention resources.
- Provided Tobacco-Free Campus / Zone signage for communities that want to post this information.
- Distributed sample press releases to make it easier to raise awareness about major tobacco prevention -related dates and events in their communities.

### ❖ **Cessation Programming**

More than 70% of smokers want to quit but few succeed without help. Tobacco use treatment at least *doubles* quitting success rates. "Paying for tobacco use cessation treatments is the single most cost-effective health insurance benefit for adults that can be provided to employees." (CDC, Coverage for Tobacco Use Cessation Treatments. Accessed: September 2004.)

The South Dakota Quit Line provides statewide access to toll-free, telephone cessation counseling, and also offers discounted nicotine replacement patches or prescription medicine to participants. The Quit Line provided cessation services to more than 20,000 individuals since it started in January 2002; over 3,000 tobacco users in FY 2004. In the second year of operation, the statewide Quit Line demonstrated a 35% prolonged quit rate, 12 months after service, for respondents reached at follow-up. In comparison, only 5% of people who quit on their own are still abstinent a year later.

The Quit Line has addressed many barriers that hinder attempts to quit. The services are provided in the privacy of one's own home, day or night, any day of the week. Support of healthcare providers has been strong with over 35% of the participants reporting being referred to the Quit Line by a health care professional.

In July 2004, the Quit Line was transitioned to Avera McKennan who was selected as the new vendor through an RFP process.

### ❖ **Surveillance and Evaluation**

Monitoring tobacco-related behaviors and attitudes provides valuable information about progress toward goals and prevalence of tobacco use.

The 2003 Youth Tobacco Survey was distributed to participating middle and high schools across the state. Key results from that report are included at the end of the report as well as on the Tobacco Control Program website. In an effort to streamline data collection and reduce the number of surveys being conducted in schools (while maintaining an adequate level of surveillance), the Tobacco Control Program is collaborating with the Department of Education to use the Youth Risk Behavior Survey (YRBS) to obtain data about tobacco use by high school students (see attachment at end of report).

The Behavior Risk Factor Surveillance System (BRFSS) survey, Adult Tobacco Survey, and information from the DOH Office on Vital Records are also used to monitor attitudes and behavior related to tobacco use. These tools allow the Tobacco Control Program to use information gathered on the general adult population in the state, as well as specific population groups with high use, such as American Indians, people with low socio-economic status, pregnant females, and 18-24 year olds. Prevention efforts can then be intensified in areas of greatest need (see attachment at end of report).

### ❖ **Administration and Management**

Effective programming requires strong program management and coordination of a variety of efforts. The following Tobacco Control Program staff integrate tobacco prevention efforts at the state and local level in all of the component areas of comprehensive tobacco control.

- The *Project Director* is responsible for overall program management, Quit Line coordination, monitoring of program budget, liaison with other agencies and health care organizations, and

- The *Program Coordinator* focuses on CDC grant management and coordination of regional tobacco prevention efforts (i.e., local coalition support and oversight).
- The *Media Coordinator* provides technical support to Tobacco Control Program staff and local coalitions for public education and counter marketing efforts.

## TOBACCO CONSUMPTION

The best estimate available for tobacco consumption in South Dakota is collected by the South Dakota Department of Revenue and is based on cigarette tax stamps sold and the tax paid by wholesalers/distributors for other tobacco products. This indirect method of measuring consumption is used by several other states. The following figures represent the number of cigarette tax stamps sold in a fiscal year and the tax paid by wholesalers for other tobacco products.

<b>Fiscal Year</b>	<b># of Cigarette Tax Stamps Sold</b>	<b>Tax Paid by Wholesalers for Other Tobacco Products</b>
2004	52,322,330 for stamped packs of 20 cigarettes 153,701 for stamped packs of 25 cigarettes	\$1,362,950
2003	54,068,551 for stamped packs of 20 cigarettes 136,468 for stamped packs of 25 cigarettes	\$1,325,013
2002	56,265,587 for stamped packs of 20 cigarettes 131,739 for stamped packs of 25 cigarettes	\$1,246,834

NOTE: The tax rate for cigarettes increased on March 24, 2003 from \$0.33 per pack to \$0.53 per pack.

## TOBACCO CONTROL PROGRAM CONTRACTS (FY 2004)

### ❖ Regional Tobacco Prevention Contracts

There are four regional contracts held by the Tobacco Control Program. The purpose of these contracts is to provide comprehensive tobacco use prevention and assistance to communities, organizations and individuals in a geographic region of the state.

1. Northeast Prevention Resource Center: \$101,343  
Human Service Agency  
123 19th Street  
Watertown, South Dakota 57201  
Contract Period: June 1, 2003 – May 31, 2004  
Administrative Costs: \$7,070.  
Services area includes the following counties: Beadle, Brookings, Brown, Buffalo, Campbell, Clark, Codington, Day, Deuel, Edmunds, Faulk, Grant, Hamlin, Hand, Hughes, Hyde, Jerauld, Kingsbury, Lake, Marshall, McPherson, Miner, Moody, Potter, Roberts, Sanborn, Spink, Sully, and Walworth.  
Funds Awarded to Communities through RFP Process:
  - Aberdeen - \$13,400
  - Clark - \$3,997
  - Hamlin County - \$10,000
  - Roslyn/Webster - \$10,000
  - Watertown - \$18,850
  - Waubay - \$7,750

2. Southeast Prevention Resource Center:       \$284,704  
Volunteers of America, Dakotas  
1309 W. 51st Street  
Sioux Falls, South Dakota 57105  
Contract Period: June 1, 2003 – May 31, 2004  
Administrative Costs: \$19,863  
Service area include the following counties: Aurora, Bon Homme, Brule, Charles Mix, Clay, Davison, Gregory, Douglas, Hanson, Hutchinson, Lincoln, McCook, Minnehaha, Turner, Union, and Yankton.  
Funds Awarded to Communities through RFP Process:  
– Chamberlain - \$10,000  
– Garretson - \$10,000  
– Hurley - \$9,000  
– Mitchell - \$9,062  
– Parkston- \$10,000  
– Sioux Falls (Bowden Youth Center) - \$10,000  
– Sioux Falls (O'Gorman School) - \$10,000  
– Sioux Falls (Set Free Coalition) - \$17,000  
– Wagner - \$10,000  
– Yankton (Benedictine Health Foundation) - \$10,000  
– Yankton (Avera Sacred Heart) - \$10,000  
Comments: This contract includes additional support to coordinate the statewide tobacco prevention conference and assist with statewide public education / counter-marketing efforts.
3. Western Prevention Resource Center:       \$102,772  
202 E. Adams  
Rapid City, South Dakota 57709  
Contract Period: June 1, 2003 – May 31, 2004  
Administrative Costs: \$7,170  
Service area includes the following counties: Bennett, Butte, Corson, Custer, Dewey, Fall River, Haakon, Harding, Jackson, Jones, Lawrence, Lyman, Meade, Mellette, Pennington, Perkins, Shannon, Stanley, Todd, Tripp, and Ziebach.  
Funds Awarded to Communities through RFP Process:  
– New Underwood - \$10,000  
– Rapid City - \$19,925  
– Spearfish - \$12,730  
– Sturgis - \$7,345
4. Black Hills Special Services Coop:       \$81,687  
221 S. Central Avenue  
Pierre, SD 57501  
Contract Period: June 1, 2003 – May 31, 2004  
Administrative Costs: \$5,699  
Comments: This contract has the same goals and activities as the other regional contracts, but focuses on American Indian communities and individuals across the state. These efforts are coordinated with the tobacco prevention program within Aberdeen Area Tribal Chairmen's Health Board, which receives annual, federal funding directly from CDC for tobacco prevention and control.

❖ **South Dakota Quit Line**

The purpose of the contract was to provide telephone-based tobacco cessation counseling services to tobacco users across the state seven days / week from 7 am to 10 pm on Monday through Thursday; 7 am to 8 pm on Friday; and 9 am to 5:30 pm on Saturday and Sunday. In addition ACS provided written support materials to callers; provided referrals to local cessation programs for interested callers; facilitated the process for participants to obtain approved cessation medication; ensured assessment of caller satisfaction and quit rates, and provided reports of this information in aggregate form as well as reports call volume and demographic data of callers using the South Dakota Quit Line.

American Cancer Society, Inc.      \$439,750

1599 Clifton Road NE

Atlanta, GA 30329

Contract Period: June 1, 2003 - June 30, 2004

Administrative Costs: There were no separate administrative costs for this contract.

NOTE: In July 2004, the Quit Line was transitioned to Avera McKennan.

❖ **Native American Media Campaign Development**

The purpose of the contract was to conduct market research to determine, develop & test effective tobacco prevention messaging to reach and motivate American Indian people in South Dakota to reduce tobacco use and exposure to secondhand smoke. Material development was to include print, radio, and TV materials that could be used by the state indefinitely.

Imagine Agency, LLC      \$35,000

3615 Canyon Lake Dr.

Rapid City, SD 57702

Contract Period: February 20, 2004 – May 31, 2004

Administrative Costs: There were no separate administrative costs for this contract.

❖ **Youth Tobacco Survey**

The purpose of the contract was to conduct the Youth Tobacco Survey in middle and high schools across the state, conduct the Adult Tobacco Survey across the state, perform data analysis and final reporting of these surveys as well as a synthesis report which includes the results from these surveys and surveys conducted previously in pilot communities (communities where intensive support for tobacco prevention was provided during an 18 month pilot period).

Minnesota Institute of Public Health:      \$125,356

2720 Highway 10

Mounds View, MN 55112

Contract Period: June 1, 2003 – May 31, 2004

Administrative Costs: \$6,906



## PROGRAM EXPENDITURES

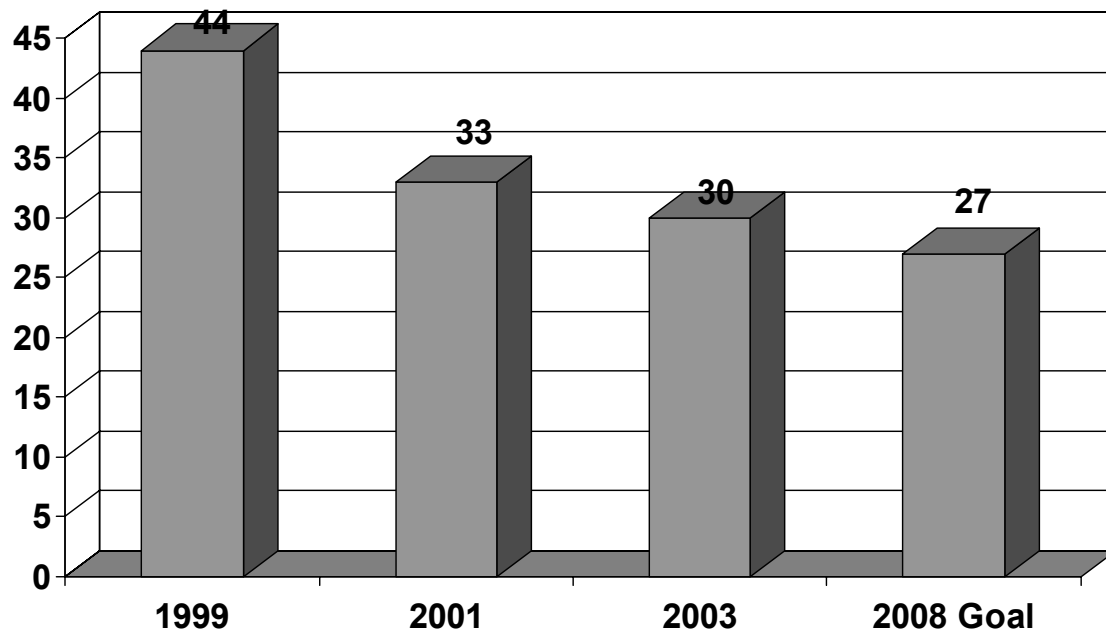
Tobacco Control Program Expenditures, FY 2004				
Program Area	Federal	State	Other	Total
Community Programming	\$344,178	-	\$188,530	\$532,708
School Programming	\$24,500	-	-	\$24,500
Statewide Programming	\$29,875	-	-	\$29,875
Cessation Programming	\$44,325	\$501,562	-	\$545,887
Counter-Marketing	\$181,749	\$88,900	\$220,063	\$490,712
Enforcement*	-	-	-	-
Surveillance/Evaluation	\$23,351	\$88,649	\$27,856	\$139,856
Administration/Management	\$178,884	\$5,333	\$2,305	\$186,522
<b>TOTAL</b>	<b>\$826,862</b>	<b>\$684,444</b>	<b>\$438,754</b>	<b>\$1,950,060</b>

\*These expenses occur within the Department of Human Services Division of Alcohol and Drug Abuse as part of federal program requirements.

## **ATTACHMENTS**

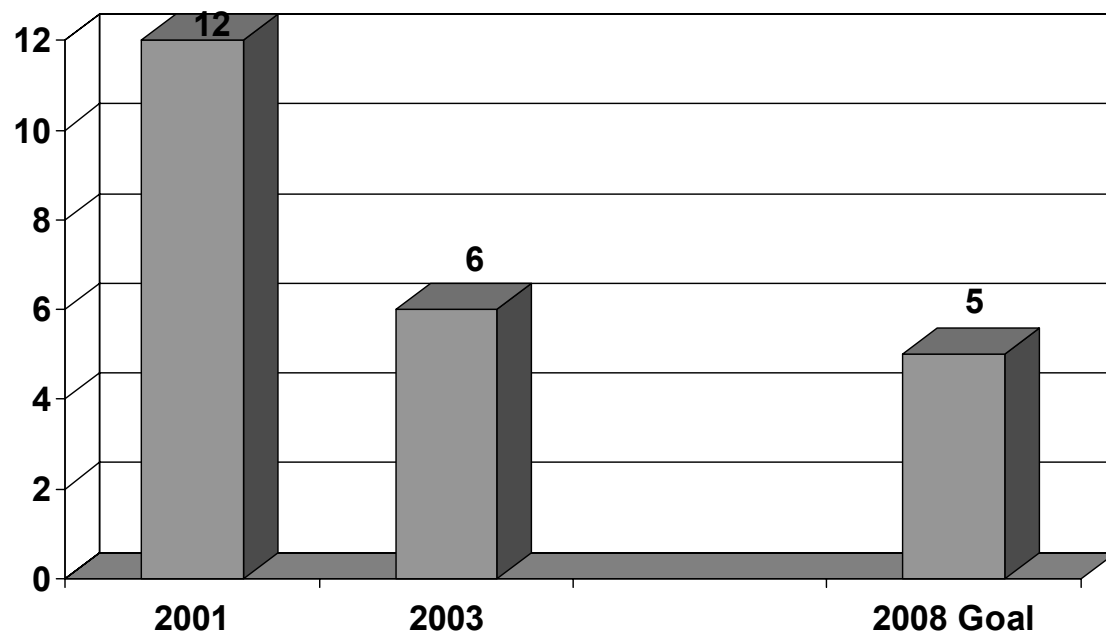
**Goal 1. Prevent young people from starting to use tobacco products.**

**Current Smokers Grades 9-12**



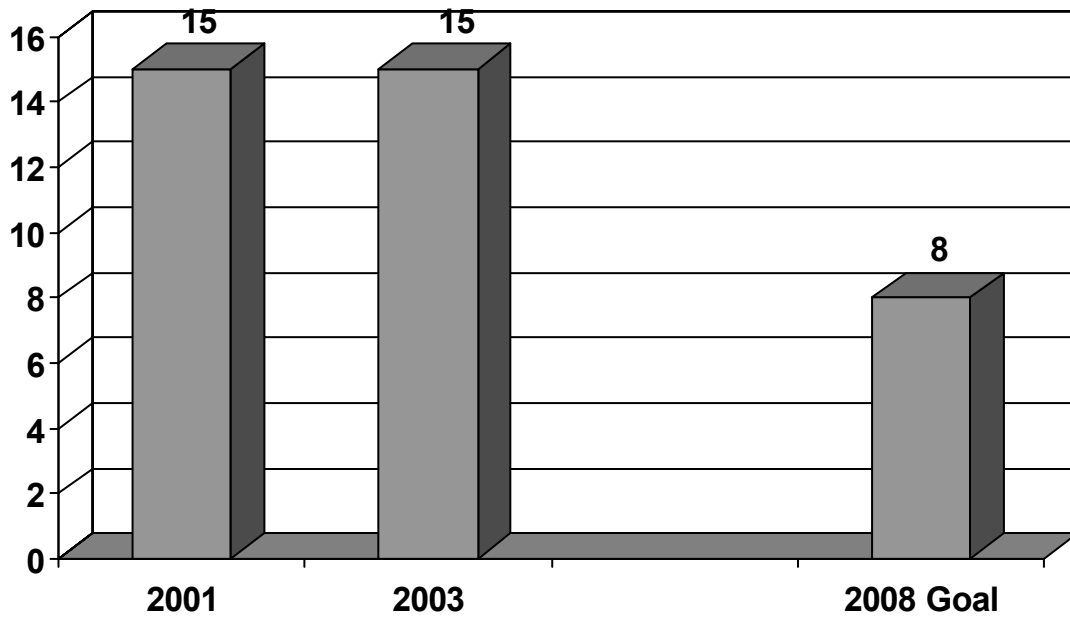
South Dakota Youth Risk Behavior Survey: Grades 9, 10, 11, and 12

**Current Smokers Grades 6-8**

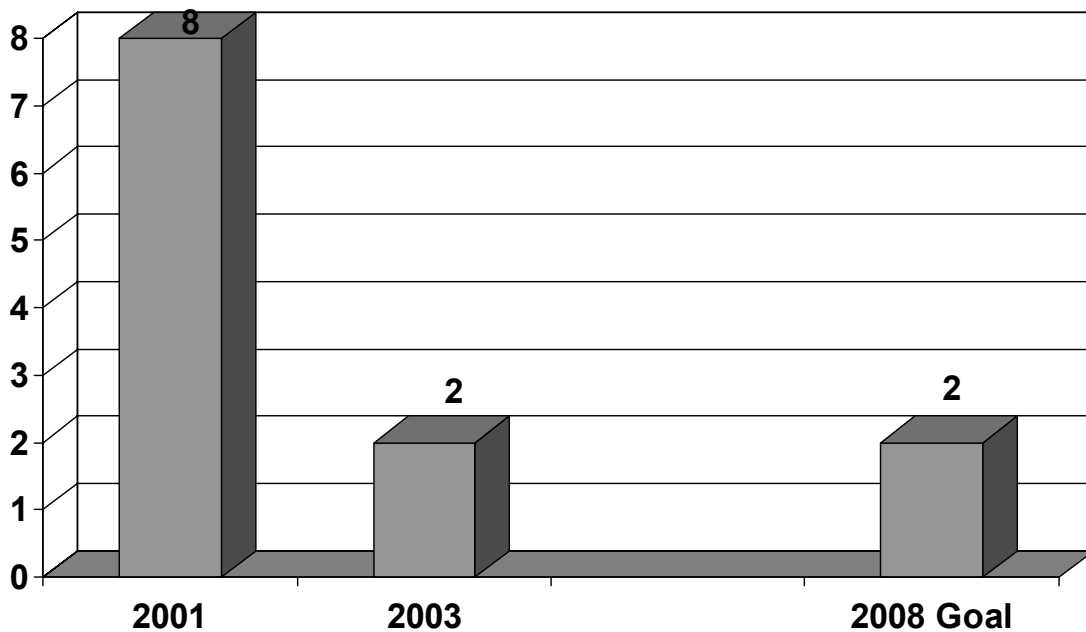


South Dakota Youth Tobacco Survey: Grades 6, 7, and 8

## Current Spit Tobacco Users Grades 9 - 12

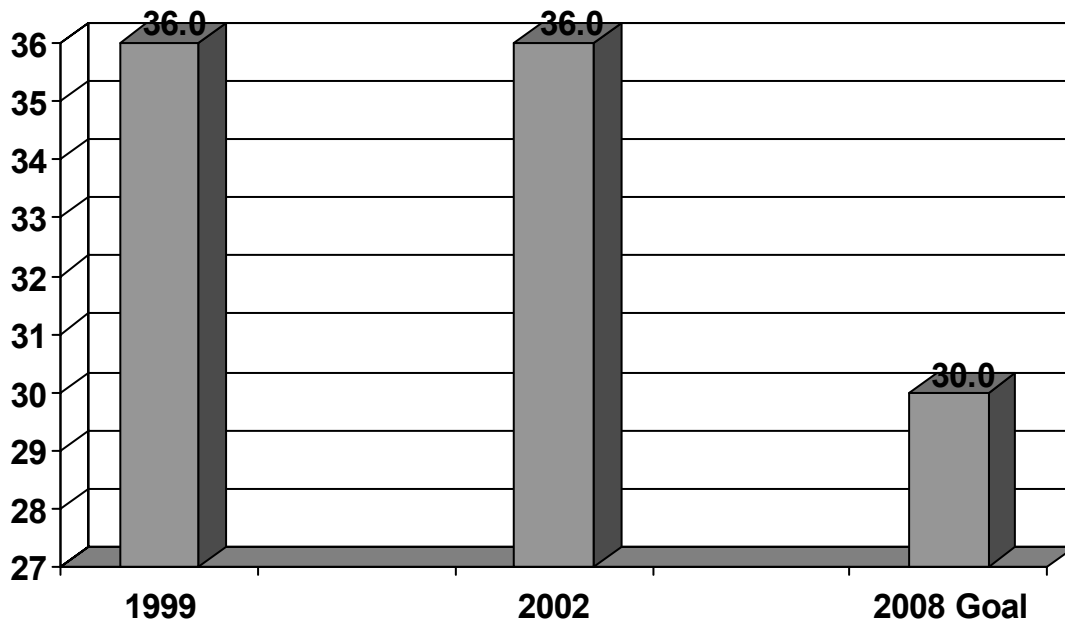


## Current Spit Tobacco Users Grades 6-8



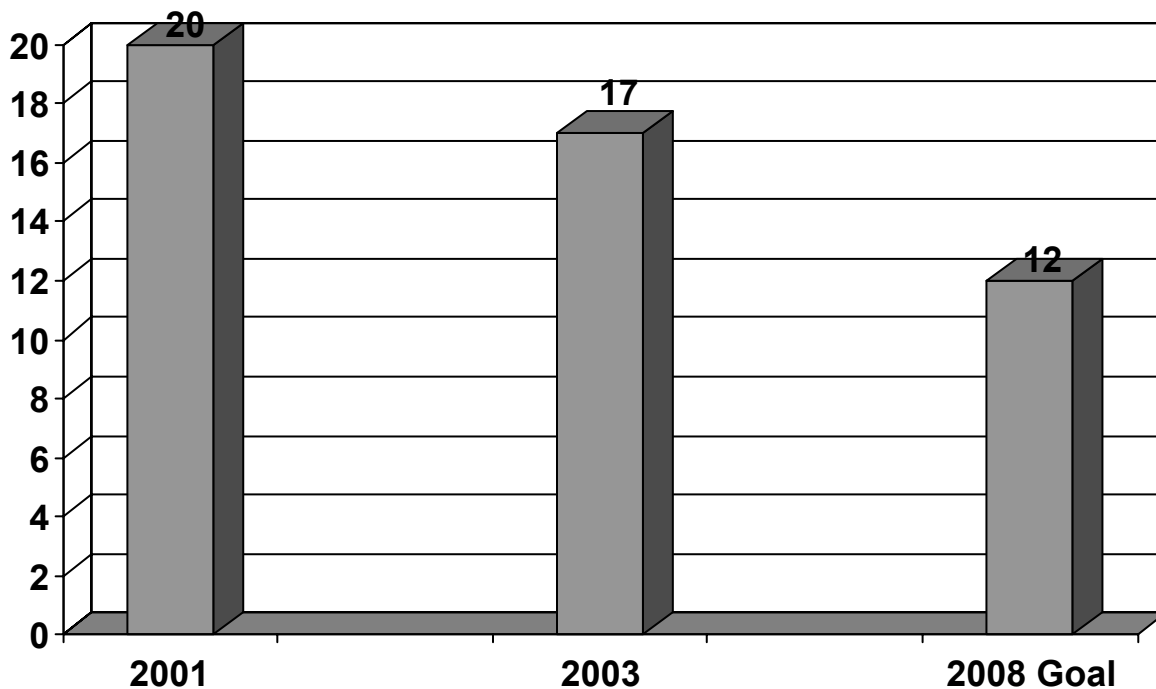
South Dakota Youth Tobacco Survey: Grades 6, 7, and 8

## Percent of 18 – 24 year olds who smoke



South Dakota Behavioral Risk Factor Surveillance System

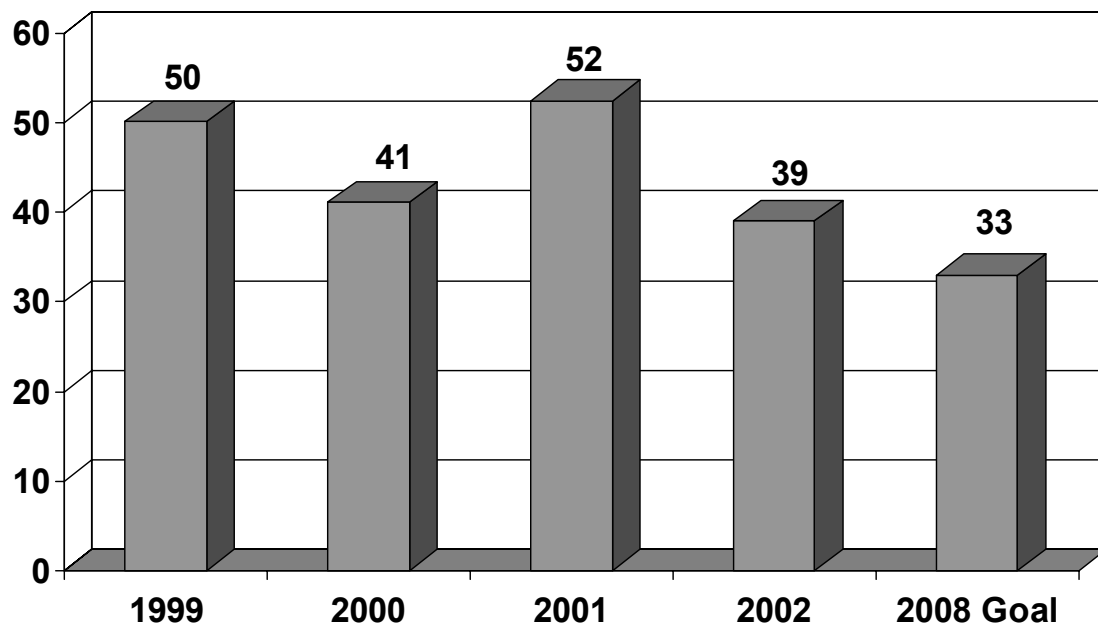
## Percent of 18 – 24 year old males who use spit tobacco\*



South Dakota Behavioral Risk Factor Surveillance System - \* Some days or every day.  
2003 data is yet to be published

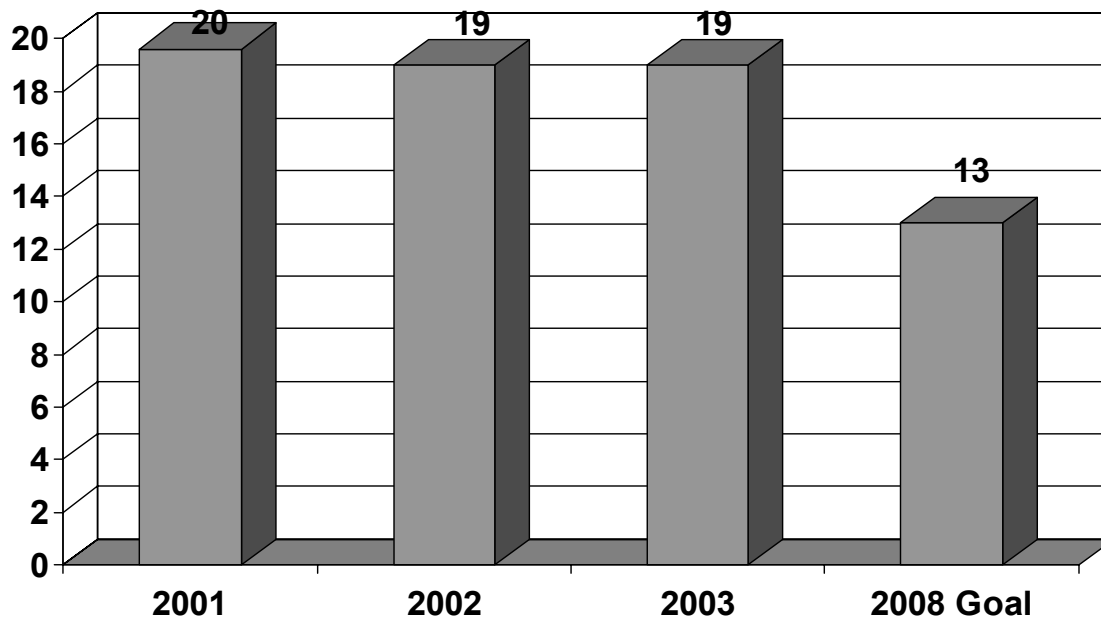
**Goal 2. Persuade and help smokers to stop smoking.**

**Percent of American Indians Who Smoke**



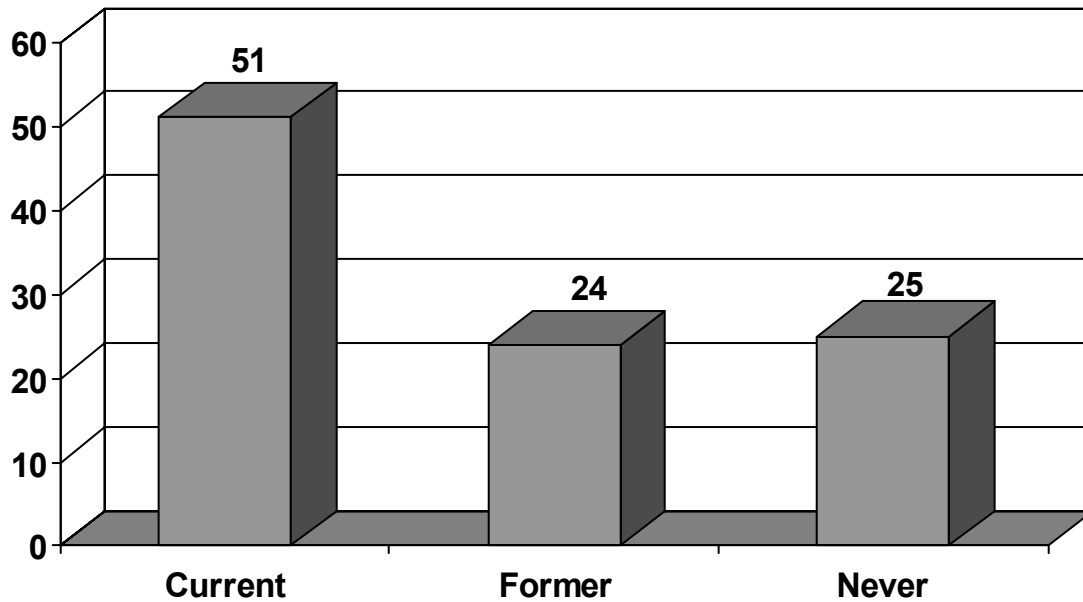
South Dakota Behavioral Risk Factor Surveillance System

**Percent of Pregnant Females Who Smoke During Pregnancy**



Office of Data, Statistics & Vital Records, South Dakota Department of Health

## Percent of Medicaid Clients That Smoke



Source: South Dakota Behavioral Risk Factor Surveillance System, 2000-2003

### **Goal 3. Protect nonsmokers by reducing their exposure to second-hand tobacco smoke.**

According to the 2003 Adult Tobacco Survey (ATS), 81% of respondents working indoors report that the official policy does not allow smoke in any work area, and among those currently employed, 74% report smoking is not allowed in public areas. The ATS is being conducted currently, and this data will be reported in the next annual report.